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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<p>0010/PTO Rev. 6/95</p> <p style="text-align: center;">U.S. Department of Commerce Patent and Trademark Office</p> <h2 style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <p><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing</p>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 35%;">Attorney Docket Number</td><td>H 4420 PCT/US</td></tr><tr><td>First Named Inventor</td><td>Akram, Mustafa</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	H 4420 PCT/US	First Named Inventor	Akram, Mustafa	COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name																														
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<p>As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">METHOD FOR COLOURING HAIR</div> <p style="text-align: center;"><i>(Title of the Invention)</i></p> <p>the specification of which <input type="checkbox"/> is attached hereto</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px 20px;">08/22/2000</div> as United States Application Number or PCT International</p> <p>Application Number <div style="border: 1px solid black; padding: 2px 20px;">PCT/EP00/08175</div> and was amended on (MM/DD/YYYY) <div style="border: 1px solid black; padding: 2px 20px;"></div> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Prior Foreign Application Number(s)</th><th rowspan="2">Country</th><th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th><th colspan="2">Priority Not Claimed</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th>YES</th><th>NO</th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td rowspan="6">199 41 450.5</td><td rowspan="6">Germany</td><td rowspan="6">08/31/1999</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th><th rowspan="2"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</th></tr></thead><tbody><tr><td style="height: 40px;"></td><td></td></tr></tbody></table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?		YES	NO	YES	NO	199 41 450.5	Germany	08/31/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.		
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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/08175	08/22/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	
OR				

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		
Steven C. Bauman	33,832		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☐ Fill in correspondence address below

Name	Kimberly R. Hild				
Address	Henkel Corporation				
Address	2500 Renaissance Blvd, Suite 200				
City	Gulph Mills	State	PA	Zip	19406
Country	USA	Telephone	610-278-4964	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Mustafa	Middle Initial		Family Name	Akram	Suffix e.g. Jr.	
Inventor's Signature	<i>Mustafa Akram</i>				Date	21.02.2002	
Residence: City	Hamburg	State		Country	Germany	Citizenship	Germany
Post Office Address	Zylberbergstrasse 14						
Post Office Address							
City	22457 Hamburg	State		Zip		Country	Germany
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

(+) inside this box →

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any: <i>ADD</i>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Rolf-Werner		Middle Initial		Family Name	Haubold		Suffix e.g. Jr.	
Inventor's Signature	<i>Rolf-Werner Haubold</i>					Date	22.02.02		
Residence: City	Hamburg		State		Country	Germany (DE)		Citizenship	Germany
Post Office Address	Daimlerstrasse 12								
Post Office Address									
City	22763 Hamburg		State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State		Zip		Country		Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
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